Disability Rights California

California's protection and advocacy system
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USE OF GENERIC SERVICES AND PRIVATE INSURANCE[1]

These changes are included in the Budget Trailer Bill. They will be effective when the Budget is approved, unless the language is changed by the legislature.

How the Law Changed

The Lanterman Act currently requires regional centers to identify other sources of funding before buying services.[2] These are sometimes called "generic" services.

There are two changes to the Lanterman Act that make these requirements stronger. The changes say:

1. Specific Generic Services You Must Apply for Before the Regional Center Can Pay[3]:

   If you or your family are eligible for Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services (CHAMPUS-otherwise known as TRICARE), In-Home Support Services (IHSS), California Children's Services (CCS), private insurance, or a health care service plan and you or your family choose not to apply for these

[1] The changes are part of the Budget Trailer Bill AB x3 45.
You may find the law at http://www.leginfo.ca.gov/pub/09-10/bill/asm/ab_0001-0050/abx3_45_bill_20090628_amended_asm_v98.html
The changes affecting Generic Services and Private Insurance are found in Welfare and Institutions Code, Section 4659(a).
[2] Welfare and Institutions Code Section 4659(a).
[3] Welfare and Institutions Code Section 4659(c).

services, then the regional center can not purchase those services for you.

If you or your family do not meet the criteria for these services, then the regional center can continue to purchase these services for you.

Effective Date
This part of the law begins on July 1, 2009. However, if your current IPP says the regional center will pay for these generic services, the change does not begin until October 1, 2009.

2. Medical and Dental Services You Must Apply for (and Appeal the Denial if the Regional Center Thinks You Should) Before the Regional Center Can Pay[4]:

   A regional center can only buy medical or dental services for you if you are over age three (3) and:
   a. You or family show the regional center that Medi-Cal, private insurance, or a health care service plan has denied the medical or dental service; and
   b. The regional center decides that an appeal would not have merit.

   The regional centers may pay for medical or dental services:

      a. While you or your family are trying to get medical or dental service from another agency or private insurance and you have not been given a denial;
      b. While you or your family are waiting for a final administrative decision and you already provided regional center with information that you are appealing; or
      c. Until Medi-Cal, private insurance or a health care services plan begins to provide the services.

[4] Welfare and Institutions Code Section 4659(d).

Effective Date

This part of the law begins on July 1, 2009 unless the current IPP requires the regional center to pay for the services. In that case, it takes effect on August 1, 2009.

What should I Do If the Regional Center Wants to Change My Services?

If your regional center wants to change your services to another agency or your private insurance to provide your services, it must hold an IPP meeting.[5] At the meeting, the IPP team must discuss what services another agency may provide and the eligibility criteria for those services. If you agree to apply for services through another agency or use private insurance, the regional center should continue to provide any service you are currently receiving. Regional center should also help you apply for services from the other agency or your insurance company.

If after the IPP meeting, you do not agree with the proposed change, the regional center must give you a written notice of its decision to change your service to the least costly vendor. The notice must be given 30 days before the change begins.[6]

If you want to continue to receive services from your current provider, you must request a fair hearing. If you want to continue to receive your current services, you must request a hearing within 10 days of receiving the notice.[7] Otherwise, the request must be made within 30 days. [8]Your appeal should indicate, for example, why the generic services could not meet your needs.

For important information on how to appeal decisions by the regional center, read our fact sheet, Due Process and Hearing Rights.

[5] Welfare & Institutions Code, Section 4646.4(a)-(c).
[6] Welfare & Institutions Code, Section 4710.
[7] Welfare & Institutions Code, Section 4715
[8] Welfare & Institutions Code, Section 4710.5 (a)